PTO/SB/82 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND **CHANGE OF CORRESPONDENCE ADDRESS**

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•	Application Number	10/667,132	
REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND IGE OF CORRESPONDENCE ADDRESS	Filing Date	September 18, 2003	
	First Named Inventor	Alan Chen	
	Art Unit	2144	
	Examiner Name	Y. Gerezgiher	
	Attorney Docket Number	105479-58346 (644-030)	

I hereby revoke all previous powers of attorney given in the above-identified application.				
A Power of Attorney is submitted herewith.				
OR I hereby appoint	the practitioners associated with the Customer Number: 26345			
Please change the correspondence address for the above-identified application to: The address associated with Customer Number: 26345				
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I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)				
SIGNATURE of Applicant or Assignee of Record				
Signature Name				
Date	Telephone Telephone			
1-	19-07 Telephione https://doi.org/10.1001/1			
signature is required, see below*. *Total of forms are submitted.				
	iorno are submittee.			

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/96 (09-06)
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	STATEMENT UNDER 37 CFR 3.73	<u>3(b)</u>
Applicant/Patent Owner: RIIP: Inc.		
Application No./Patent No.: 10/667,13	Filed/Issue Date: Septemb	er 18, 2003
Entitled: Intelligent Modular Server Mana	gement System For Selectively Operating and L	ocating a Plurality of Computers
RIIP, Inc. (Name of Assignee)		ration, partnership, university, government agency, etc.)
states that it is: 1. the assignee of the entire right, the assignee of the entire right.	title, and interest; or	
2. an assignee of less than the ent (The extent (by percentage) of it	tire right, title and interest ts ownership interest is %)	
in the patent application/patent identific	ed above by virtue of either:	
A An assignment from the inventor in the United States Patent and Thereof is attached.	r(s) of the patent application/patent identifie Trademark Office at Reel <u>015016</u> , F	d above. The assignment was recorded rame _0333, or for which a copy
OR	(s), of the patent application/patent identifie	d above, to the current assignee as follows:
1. From: The document was record Reel, Frame	To:To:To:	mark Office at opp thereof is attached.
2. From:	То:	
The document was record	ded in the United States Patent and Trader Frame, or for which a	nark Office at copy thereof is attached.
3. From:	To:To:	
	rded in the United States Patent and Trader Frame, or for which a	
Additional documents in the	chain of title are listed on a supplemental sl	neet.
)(i), the documentary evidence of the chain g, submitted for recordation pursuant to 37 G	
[NOTE: A separate copy (i.e., a true Division in accordance with 3 302.08]	ue copy of the original assignment docume of CFR Part 3, to record the assignment in t	nt(s)) must be submitted to Assignment the records of the USPTO. <u>See</u> MPEP
The undersigned (whose title is supplied	ed below) is authorized to act on behalf of t	he assignee.
160		1-19-07
1)	Signature	Date
menry HS	or Typed Name	Tolophana Mumbar
Printed of	or Typed Name	Telephone Number
IIESIder	Title	-

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